

**Teaching Adults Certificate Program
Application Form**

Name: _____

College: _____

Mailing Address _____

Email: _____

Phone: _____

PCANS Member

Non-member

A minimum non-refundable deposit of \$50.00 must be made at the time application.

In the event of insufficient numbers a full refund will be made.

For future planning please indicate the best time and location for additional course offerings.